

## Appendix B-Paine College Coronavirus (COVID-19) Self-Monitoring Form

### Paine College Coronavirus (COVID-19) Self-Monitoring Information

Coronavirus (COVID-19) Self-Monitoring Information Guidance for persons being monitored for coronavirus. This guidance is to help you closely monitor your health for up to fourteen (14) days because you may have potentially been exposed to coronavirus. This does NOT mean that you will get sick with COVID-19. It is very important for you to monitor your health so that you can be treated quickly if you do get sick. Based on what is known about COVID-19, 14 days is the longest time between when you were last exposed to coronavirus and when symptoms begin.

**What are the signs and symptoms of coronavirus?** Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. This list does not include all possible symptoms, please visit [www.CDC.gov](http://www.CDC.gov) to view updated COVID-19 information.

**How should you monitor your health during this time period?** Use the next page of this form to record your temperature and other possible symptoms. Record this information twice per day.

**Practice protective and careful measures during this time period.**

- Cover your mouth and nose with a tissue or sleeve when coughing or sneezing.
- Clean your hands often, using soap and water, or a hand sanitizer that is 60%-95% alcohol.
- Limit travel on public transportation

**Instructions for monitoring your temperature and symptoms:**

- 1) Take your temperature orally (by mouth) with a digital thermometer two (2) times a day (once in the morning and once in the evening). If you forget to take your temperature, take it as soon as you remember
- 2) Mark if you have any of the symptoms of COVID-19 listed on the form.

**What should I do if I become ill during this monitoring period?** If you feel your symptoms are at EMERGENCY LEVELS (shortness of breath, fever over 102 Fahrenheit, chest pain etc.) that cannot wait until morning, call Paine College Campus Police (706)821-8235 and explain that you are being monitored for potential exposure to COVID-19 and need emergency care.



## PAINE COLLEGE (COVID-19) Self-Monitoring Form

Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any symptoms: Circle 'Y' for Yes and 'N' for No. Do not leave any spaces blank.

Date	Time	Temperature	Cough	Fatigue or Aches	Shortness of Breath	Diarrhea	Chills
1.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
2.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
3.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
4.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
5.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
6.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
7.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
8.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
9.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
10.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
11.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
12.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
13.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N
14.	AM		Y N	Y N	Y N	Y N	Y N
	PM		Y N	Y N	Y N	Y N	Y N

## Appendix C-Paine College Triage Form

### PAINÉ COLLEGE COVID19 ASSESSMENT FORM

- |   |     |    |
|---|-----|----|
| 1) Do you have a fever/chills (100.0 or greater?  | YES | NO |
| 2) Do you have a cough?   | YES | NO |
| 3) Are you experiencing the following?  |     |    |
| Shortness of breath   | YES | NO |
| Difficulty breathing  | YES | NO |
| Fatigue   | YES | NO |
| Muscle or body aches  | YES | NO |
| Headache  | YES | NO |
| New loss of taste or smell  | YES | NO |
| Sore throat   | YES | NO |
| Congestion or runny nose  | YES | NO |
| Nausea or vomiting  | YES | NO |
| 4) Have you traveled to areas with known widespread COVID-19 outbreak in the last 14 days | YES | NO |

What area(s)/country did the person travel

- |  |     |    |
|--|-----|----|
| 5) Have you had close contact with a person who has been tested for COVID-19 and is currently awaiting results, while that person is ill?              | YES | NO |
| 6) Have you had close contact with someone confirmed with having COVID-19 (within six feet or prolonged period without Personal Protective Equipment)? | YES | NO |